1	1	9	8	)
	1	-	-	-
1	7	1	-	

state infor-

1. PLACE OF DEAT

Length of residence in city or town where death occurred

1000 plnods item of Jo PHYSICIANS Every statement CORD. PERMANENT CIL × stated IS THIS pinous INK. UNFADING supplied.

(a) Residence: No. Ward St. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) classified. 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of march certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months If LESS than to have occurred on the date stated above, at\_\_\_\_\_ f day, .... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ..... min. were as follows: 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. Jo SAWYER, BOOKKEEPER, etc.. may back Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. On 10. Date deceased last worked at 1f. Total time (years) this occupation (month and spent in this that occupation ... instructions Other Contributory Causes of Importance 12. BfRTHPLACE (city or town) (Stata or country) plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation. (State or country) should be carefully What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ MOTHER important. f5. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_, f9. DEATH f6. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL -WRITE Manner of injury CAUSE mation LION Nature of injury. 24. Was disease or injury in any way related to occupation of deceased?.... 19. UNDERTAKER (Address) If so, specify If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth?.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal eause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1 week ago Arteriosclerosis 1915 Attack of epilepsy Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gustroenteritis 1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	107-011
County Chau	Registration Dist. No. 166
Village or City Bryone Road	NoWard
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds,
2 FILL NAME Trongary. Theres.	Cherles.
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, Thet I attended deceased from
Sept. 102 - 311	, 19.35 , to
6. DATE OF BIRTH (month, day, and yeer) 123-3 7. AGE Years Months Days If LESS then	to heve occurred on the date steted above, et /2 4 m.
5- 9.13 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
P. Trade profession or particular	The herlan oblanced Oate of onset
SAWYER, BOOKKEEPER, etc.	eurs of a Broncho-
9. Industry or business in which work wes done, es SILK MILL,	Pm 1 3/2/2
work wes done, es SILK MILL, SAW MILL, BANK, etc	
Q. Q: 12.4	Other Coutributory Couses of importance:
12. BIRTHPLACE (city or town) (State or country)	Hot no berviores
13. NAME low bhesles.	ulenies
13. NAME Wow & healey.  14. BIRTHPLACE (city or town)	Neme of operation Oate of
(Stete or country)	What test confirmed diegnosis? Harlory Wes there en eutopsy? 23
15. MAIDEN NAME Malle- of Levans.	23. If deeth wes due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Pierry & Cocoper. (Address) Makon Springs Ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece From full, ma_ Oete 3/1 , 19 35	Nature of injury.
19. UNDERTAKER Hussyt (Ofer (Address) masson Springs mal	24. Wes disease or Injury in any way related to occupation of deceased?
20. FILED 3/6 , 1935 M. E. Rancome Deputy Level Registrar.	(Signed) 6130 muss (M.D. (Address) Comon tex India
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Example I	il il	Example II	1/3
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

E OF DEATH in plain terms, so that it may be properly classified.

is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

### STATE OF MARYLAND—CERTIFICATE OF DEATH

(	10	0	0	1
1	)2	0	0	1

1. PLACE OF DEATH				
County Charles			Registration Dist. No. 10	7
Village or City Browns	ne	_No		Ward
		If death occurred in a horpital or	institution, give its NAME instead of street and	number)
Length of residence in city or town where deeth occ	curredyrs,	os ds. How long in U.	S. if of foreign birth?yrs	mosds.
2. FULL NAME Comme	bootcary			
(a) Residence: No.	,,.	St.,Ward.		
PERSONAL AND STATISTICAL	Javal place of abode)	MEDICA	If nonresident give city or town an	d State
	GLE, MARRIED, WIDOWE	21. DATE OF DEAT		
	DIVORCED (write the wor	Z. DATE OF BEA	(Month) (Day)	, 1935 (Year)
5a. If married, widowed, or divorced HUSBAND of				
(or) WIFE of Juck Cooks	u	22. I HERE	BY CERTIFY, That I attended	
C DATE OF BIRTH (	/	I last sour h d slive o	on In 5 . 1924	193A
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months	Days   If LESS th	-1	e steted ebove, et & #m.	; death is said
84	1 day,	The PRINCIPAL CAUSE OF	DEATH and releted causes of Importance	
8. Trade, profession, or particular	ormin	wera as follows:		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	<u></u>	La 52	to have	mor 1.3.
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc				**
	11. Total tima (years) spant in this occupetion			
12. BIRTHPLACE (city or town) age a		Other Contributory Causes 0	f importance:	
(Stete or country) ( Stevens	nig	our	an	
13. NAME Many Gro	ne .		T	
13. NAME Many 4 ro	<u> </u>		Dete of	
15. MAIDEN NAME	Real		is? Wes there en	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)			nal causes (VIOLENCE) fill In also the following	
O 16. BIRTHPLACE (city or town)	7-4-		de? Date of injury	, 19
2		Where did injury occur?	(Specify city or town, county and St.	ate)
17. INFORMANT AGG CA	wal also	Specify whether injury occur	rred in INDUSTRY, in HOME, or In PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL		Manage of Indian		
Plece agains my Date	ma 10 19	Manner of injury		
10 HADERTANED Identil - Ra		Mature of Injury		
19. UNDERTAKER (Address)	non.	24. Wes disease or injury in	any way related to occupation of deceased?	
20. FILED 3/8 , 1935 C All	A Bouling	(Signed) 24 - 6	They per only 2	M. D.
If more blanks at		r, 2411 N. Charles Street, Baltimo		

-WRITE PLA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
CONFAU V. A.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis -	1 year

ADDITIONAL SPACE	FOR F	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
------------------	-------	---------	------------	---------------	-----------

state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	(82:0)
2 )	County Clas. Co.	Registration Dist. No. 105
should of OCC	Village or City Hear Pompet nd.	ND. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
NS ut	Length of residence in city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
IA.	2. FULL NAME Wolly Duff	7
PHYSICIANS ict statement	(a) Residence: No. Mear Borfflet, year	St., Ward.
et s	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
*	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
d. E	Female White OR DIVORCED (write the word)	(Month) (Day) (Year)
A C T assified	Lia. If married withower or divorced HUSEAND of (or) WIFE of	22. 1 HEREBY CERTIFY, Thet lattended deceased from
X A clas	1864 July	March 3, 1938, to March 13, 1935
	6. DATE OF BIRTH (month, dey, end year) March (-	1 lest saw h. alive on Man 13, 19 ) ; deeth is said
stated E properly certificate	7. AGE Years Months Deys If LESS Then 1 day,	to have occurred on the dete stated ebove, at
stated proper certifica	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were es follows:
be is	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc	Data Hungi
may back	9. Industry or business in which work was done, as SILK MILL,	
	SAW MILL, BANK, etc	
E + 0	O 1D. Date deceased last worked et this occupation (month end yeer) spent in this cocupation occupation	
AGE that ions o		Other Contributory Causes of importance:
so	12. BIRTHPLACE (city or town) (Stete or country)	77
illy supplied. AGI plain terms, so tha . See instructions	# 13. NAME Lenniel Welli	
sin te	14. BIRTHPLACE (city or town)	Neme of operetion Date of
ly slain S	(Stete of country)	Whet test confirmed diegnosis? Wes there en eutopsy?
be carefully EATH in pla important.	15. MAIDEN NAME Jernie Skinner	23. If death was due to external causes (VIOLENCE) fill in also the following:
1	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
AT npc	(Stete or country) ( ) . Co. M. ,	Where did injury occur? (Specify city or town, county and State)
ould be can F DEATH ery import	17. INFORMANT A Jumpuo (Address) Amarine Med.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
S Q A	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Z	Place M. Charles Date . 9/15, 1935	Nature of injury
AA TIO	19. UNDERTAKER Hunty & Myone	24. Was disease or injury in any way related to occupetion of deceased?
205	(Address) maldong your	If so, specify
T	20. FILED 1. 1935 Mus Scremale & Muld	(Signed) M. D
1 1	Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN

ould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

OF DEATH in plain terms, so that it may be properly classified.

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N. B.-WRITE

Exact statement of OCCUPA-

STATE	OF	MARYL	AND-	CERTI	FICATE	OF	DEATH
					(Gran)		

I. PLACE OF DEATH	
County Classes	Registration Dist. No. 1034
Village or City Mays als	NoSt.,Wa
	If death occurred in a hospital or institution, give its NAME instead of street and number)  osds. How long in U.S. if of foreign birth?yrs
Length of residence in city of town where death occurredyrsno	isyis.
2. FULL NAME Bunda Angelo	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased for
/6= 42 2	I last saw h delive on
DATE OF BIRTH (month, day, end year)  AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at
Grand I day,hrs.	
8. Trade, profession, or particular	were as follows: Date of on
kind of work done, es SPINNER, SAWYER, BOOKKEFPER, etc.	1 12 01 1/1
9. Industry or business in which	- man at on confunding 1/14
work was done, as SILK MILL,	
10. Date deceased last worked at this occupation (month end years) year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME - Chapman	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME margaret marshall	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?
7. INFORMANT (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 8 116 4 Complete Date 3 - 7 - , 1933	Nature of injury
19. UNDERTAKER Earl Gettin	24. Was disease or injury in any way related to occupation of deceased?
(Address) S. & Market St. C.	If so, specify
20 FILED 3 =6- 1935 1 J. G. Hindry	(Signed)
Registrar.	(Address)

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	i	Example II	i
The principal cause of death and related causes of importance were as follows;	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	K	
BINDING	PERMANENT	EXACTLY
FOR	IS A	stated
MAKGIN KESEKVED FOR BINDING	E PLAIMLY, WITH UNFADING INK-THIS IS A PERMANENT R.	Should be carefully supplied. AGE should be stated EXACTLY.
MAK	LY, WITH UNF	carefully suppli-
	E PLAR	stould be

properly classified.

of certificate.

very important. See instructions on back OF DEATH in plain terms, so that it may

TION CAI

CORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			
County Al Senales		Registration Dist. No. 108	
Village or City Man Chicagott	e Hall w	W (Class B)	Ward
Length of rasidanca in city or town where death occurra		ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME James 7 4	sleb		
(a) Residence: No. Oaks . St. Wood	place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH	
	MARRIED, WIDOWED, ORCED (write tha word)	21. DATE OF DEATH	
5a. If married, widowad, or divorced HUSBAND of	and a	(month) (Day) (1aa	
(or) WIFE of Hunche n. GA	top Carrico	22.   HEREBY CERTIFY, That I attanded deceased	from
6. DATE OF BIRTH (month, day, and year) Fel. 2	2,1857	I last saw have ellva on with 1935; death is	is said
7. AGE Years Months Days		to have occurred on the date stated above, at/m.	
78 1 9	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	nneet
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.		A	
9. Industry or business in which	_	Mumoria	
work was done, es SILK MILL, Admin		water the same of	
this occupation (month and	otal time (years) spant in this occupation 505		
yaar) - Mele- 3/2-3-3	occupation 30	Dthar Contributory Causes of Importance:	
12. BfRTHPLACE (city or town)	,	Chronie various	
(State or country)	10 huse	Mag Rueni	
13. NAME Vlas Estep		, , , , , , , , , , , , , , , , , , , ,	
14. BIRTHPLACE (city or town)	10	Name of operation	
(State of Country)	a und	What tast confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME May ENTED		23. If death was due to axternal causes (VIOLENCE) fill in also the following:	
[ 16. BIRTHPLACE (city or town)		Accident, suicide, or homicida?, 19_	
(State or country)	a me	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT AGO W- GALLE (Address)	5000 hed	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVALUE 7	The man	Mannar of injury	
Place - Legentone a	Mr. Z 1920	Nature of injury	
19. UNDERTAKER Flych Action	de pulson	24. Was disaase or injury in any way ralated to occupation of dacaased?	)
20, FILED. 3/3//3519	e/me	(Signad) Jan Jacoury	_M. D.
	Registrar.	(Addrass) - Rf- blasto with	
If more blanks are nee	ded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA.

1. PLACE OF DEATH	93-0
County Charles	Registration Dist. No. / O O
Village or City · The come	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a no pital or institution, give its total view instead of street and builder? ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Richard arthur	Ineer
Z. FULL NAME	noist. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Maried Maried	21. DATE OF DEATH Man. 3 19 193 5 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Mary Elizable Green Williams Con WIFE of	22. HEREBY CERTIFY, That I attended deceased from 2. 45 is to 19
6. DATE OF BIRTH (month, day, and year) Wec 27 1867	I last saw h Losa alive on Man 314 . , 1935; death is said
7. AGE Yaars   Months   Days   If LESS than	to have occurred on the date stated above, at 4.15Pm.
2 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Chr. myo Cardelii
9. industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	Chr. afteriosclerosis about
10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spant in this occupation	
Charles Co	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town)  (State or country)	Pulm Ederna
13. NAME John Green	
13. NAME 13. NAME 14. BIRTHPLACE (city or town). Chas Co Md	Name of oparation Data of
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town) Chao Co Mu	Accident, suicide, or homicida? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT OU A COMPLETE ON THE COMPLETE ON	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 1400 TOP 200	Manner of Injury
Place of Janalus May Date May 0, 1923	Nature of injury
19 UNDERTAKER Huntl and Ryon	24. Was diseasa or injury in any way related to occupation of deceased?
(Address)	If so, spacify
20. FILED May 4, 1935 of ellian Mosly.	(Signad) turns E. 110 am M. D.  (Address) a lata mg-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of dcath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BX	PHISICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA-1. PLACE OF DEATH plnods County Registration Dist. No. Village or City / Ce (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city of town where deeth occurred ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_ mos. statement 2. FULL NAME ORD. (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT 193 TL (Dev) (Month) (Year) 5a, If married, widowed, or divorced HUSBAND of O 22. TIFY. That I attended deceased from (or) WIFE of 田 certificate. 6. DATE OF BIRTH (month, dev. and year) properly 7. AGE Years If LESS than Months Davs 1 dey, .....hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or ....min. Date of onset 8. Trede, profession, or perticular BATION kind of work done, as SPINNER. Jo SAWYER, BOOKKEEPER, etc ... back Industry or business In which may plnods work was done, es SILK MILL, SAW MILL, BANK, etc..... occi on 10. Date deceased lest worked at 11. Total time (years) this occupation (month end spent in this that occupation .... instructions 12. BIRTHPLACE (city or town) (Stete or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Neme of operation ... plain (State or country) carefully What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_ MOTHER important. 15. MAIDEN NAME in 23. If death wes due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Dete of injury\_\_\_\_\_\_ 19\_\_\_\_\_ DEATH 16. BIRTHPLACE (city or town) (Stete or country) be Where did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE plnoys very 17. INFORMANT. OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury -WRITE CAUSE mation LION Nature of Injury 24. Wes disease or injury in any way releted to occupation of deceesed? 19. UNDERTAKER (Address) If so, specify 3.49 20. FILED Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	- 1	Example II	100
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN
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S. No.

3	
BINDING	
FOR	
RESERVED	

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA. 1. PLACE OF DEATH plnods County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_ Length of rasidence in city or town where death occurred statement RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write tha word) PERMANENT EXACTL classified. 5a. If marriad, widowad, or divorcad HUSBAND of 22. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and vaer) death is sald properly 7. AGE If LESS than stated Months Davs 1 day .....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence or .... min. Oate of enset 8. Trada, profassion, or particular kind of work done, as SPINNER, TION be Jo SAWYER, BOOKKEEPER, etc .... Industry or business in which AGE should may work wes dona, as SILK MILL WITH UNFADING INK-SAW MILL, BANK, atc .... no 10. Oate deceasad last worked at 11. Total time (yaers) this occupation (month and spant in this that occupation \_\_\_\_\_ instructions Other Contributory Causes of Importance 08 12. BIRTHPLACE (city or town) (State or country) supplied. terms. FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (Stata or country) carefully What tast confirmed diagnosis? ...... Was there an autopsy?..... MOTHER important. 15. MAIDEN NAME in 23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicida?\_\_\_\_\_ Data of injury\_\_\_\_\_\_ 19\_\_\_\_ DEATH 16. BIRTHPLACE (city or town) (State or country) Whare did injury occur?\_\_\_\_ should be (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. very 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury 2 CAUSE mation LION Nature of Injury 24. Was disaese or injury in any way related to occupation of deceased? 19. UNDERTAKER (Addrass) If so, spacify M (Signad) \_\_\_\_

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Addrass) .....

Registrar.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows:  Attack of epilepsy Run over by street car  Peritonitis	Date of onset  1 week ago 1 week ago 3 days ago
Run over by street car	1 week ago
Peritonitis	3 days ago
	o days ayo
Other contributory causes of importance	
Gastroenteritis	1 year
	Other contributory causes of importance:

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	0000
County (Larles	Registration Dist. No. 105
Village or City White Plane	
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
2. FULL NAME auce Muse	lette
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (gurite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Wadison // Juschett	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) with the comment	Hast saw h Palivo on Rest allers and
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
about 80   I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular	Data of one at
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Suppose -
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	acute indegistion
SAW MILL, BANK, etc	Primary cause of the acrite indightion:
this occupation (month and spent in this occupation occupation	Imboowers no further information of the
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME (1/hm Queen)	
13. NAME (1) Success  14. PATHPLACE (city or town)	Name of operation Oate of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CURRENT	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
E (State or country) Culturoun	Where did injury occur?
17. INFORMANT Harriet Brooks	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Thit Places	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Date Date Dis 38	Nature of Injury
19. UNDERTAKER TUNNED TRYON	24 Was disease or Injury in any way related to occupation of deceased?
(Address) Willed All Mines	If so, specify A None
20. FILED LA	(Signed) M. O.  (Address) Walds M. O.
If more blanks are needed, address State Registrar,	422 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
			,
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

Exact statement of OCCUPA-

	1. PLACE OF REATH	(34)
	county Charles	Registration Dist. No.
	Village or City a Plater mod out side	No. St., Ward
		death occurred in a hospital or institution, give its NAME instead of street and number)  2 ds. How long in U.S. if of foreign birth?
	Z. FULL NAME	o chelle
1	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	mal 2 ( ol - OR DIVORCED (write the word)	Manth) (Day) (Year)
	5a, If married, widowed, or divorced	
	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	(6) 1115 01	, 19, to, 19, 19
6	6. DATE OF BIRTH (month, day, and year) march 12 135	I last saw h; death Is said
cat	7. AGE Years Months Days If LÉSS than	to have occurred on the date stated above, at
certificate.	3 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trade, profession, or particular	Construct Heart base.
Jo	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	The state of the s
back	9. Industry or business in which work was done, as SILK MILL,	Not due to injury at both, but proba-
L	SAW MILL, BANK, etc	- fly lute in migine Caston
uo s	O Date deceased last worked at this occupation (month and spart in this occupation compation occupation this o	V
instructions	Clara Ca	Other Contributory Causes of Importance:
ıcti	12. BIRTHPLACE (city or town) (\$\frac{1}{2}\text{QO}\$ (State or country)	Probably to neglect at Birth
stri		
	14. BIRTHPLACE (city or town) Chao es	Name of operation Date of
See	4. BIRTHPLACE (My or town) Md (State or country) Md	What test confirmed diagnosis? Was there an au'opsy?
	(could be country)	223. If death was due to external causes (VIOLENCE) fill in also the following:
important	E CIX (Ca)	Accident, suicide, or homloide? Date of injury, 19
ort	O 16. BIRTHPLACE (city or town)	Where did injury occur?
m	On he alette	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Y	17. INFORMANT James Mus (Address) La Plata ma	Specify whether injury occurred in Medicinity in Home, or Medicinity
very	18. BURIAL CREMATION, OR REMOVAL	Manner of injury
13	Place Sacred Hear Date Mar. 26, 1935	- Nature of injury
TION	2 m. chette H. H. at	24. Was disease or injury In any way related to occupation of deceased? Tho
TI	19. UNDERTAKER James Museum, father alle	If so, specify
-)	2- 14 0 - 1 - 10	(Signed) & Illian Droser M. D
1	20. FILED Man 25, 1935 dilla V. Posly	(Address) da Platu mal
	***************************************	

B.—WRITE PLA mation

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH

### STATE OF MARYLAND EATH

Registration	Dist.	No.	10	8

County // Mull	CERTIFICATE OF DEATH
	Registration Dist. No. 108
Village or City Muselle (No	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Tilias Sifking n	stesd of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Waldow	16 DATE OF DEATH MAR. 29, 1935  (Month) (Day) (Year)
6 DATE OF BIRTH  Month (Day) (Year	that I last saw h Malive on Mule 18 1935.
7 AGE   If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Smilly-
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos de.
9 BIRTHPLACE (State or country) Poushkelsus	Contributory Secondary  (Duration)  To most disconding the secondary di
10 NAME OF Paviland	(Signed) M. D. M.
OF FATHER  (State or country) New York Nale	*State the l'israse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER THE SAKE	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) New York State	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Informant) R. Gruest Mason	Former or usual residence
(Address) Males and Per Mill	Huslaville Hed mile 3/1.00
1 15 011 , 1 1	ADDRESS .

No. 1 00

EXACTLY, PHYSI-

of certificate

properly

supplied. ACE chould be in terms so that it may be See instructions on back

f information should be carefully desicte CAUSE CF DEATH in plai OCCUPATION is very important.

of information

S should statement of Item

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Filed 3

chould be stated 90

RECORD

PERMAN

K FOR SI

UNFADING INK--THIS MARGIN RESERVED

BINDI

If more b.anks are needed, addre.s : tate hegistrar, 18 W. Saratoga Lt., Balto., hequesting V. S. 1.0. 1.

Registrar

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the whatever, write None. Housemaid, etc. to report specifically the occupations of persons enlaborer, Foreman, (b) Automobile factory. The material For many occupations a single word or term on or Al Home, and children, not gainfully emyrs). Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation If the occupation has been changed Laborer-Coal mine, etc. person, irrespective cf (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Jyphoid fever (never report "Typhoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia");

(secondar; or intercurrent) affection need not be st.ted unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E haustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Whooping (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Committee on Nomenclature of the Chronic valvular heart etc. The contributory ·

If this certificate is looked over the roughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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Village or City  Length of residence in city or town offers death occurred.  (a) Residence: (b) (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  PUBLIC Married, vidoved, or diverced (Usual place of abode)  St. Ward.  Bronnesidens give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  22. DATE OF DEATH  22. DATE OF DEATH  22. DATE OF DEATH  23. SEX  PUBLIC Months  POR DIVORCED (wags the word)  10 (10) Nife of  22. DATE OF DEATH  23. DATE OF RIFTH (month, day, and year)  14 (Wonth)  POR 1 (day)  15 (State or country)  16 (State or country)  17 (State or country)  18 (State or country)  19 (State or country)  19 (State or country)  10 (State or country)  10 (State or country)  11 (State or Country)  12 (State or Country)  13 (State or Country)  14 (State or Country)  15 (State or Country)  16 (State or Country)  17 (State or Country)  18 (State or Country)  19 (State or Cou	1. PLACE OF DEATH	OF MARYLAND—	CERTIFICATE OF DEATH 02891
Langth of residence in city or town powers death occurred	County Carl		Registration Dist. No
2. FULL NAME  (a) Residence: 16. (Unad place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX.  4. COLOR OR BACE  OR DATO OF BACK  OR DATO OF BACK  OR DATO OF BACK  OR DATO OF BACK  OR DATO OF BIRTH (month, day, and year)  5. If married, widowed, or diverced (or) wife of			death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: 16. (Unsulplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX Much  4. COLOR OR BACE  OR DIXORCED (which the word)  3. If married, widowed, or divorced  10. Bhit of word, day, and year)  11. Total Lims (years)  12. Bhit of word, or particular  13. SawYer, Bookkiefer, etc.  14. Color or particular  15. SawYer, Bookkiefer, etc.  16. Date of paints in this  16. Date of country)  17. Instrument of word dome, as STIKK MILL,  18. Indicator or business in as STIKK MILL,  19. Industry or business in an autopay.  21. Birthylace (city or town)  22. HER F BY CERT I FY. That I sitended deceased for the deceased of importance were as follows:  22. HER F BY CERT I FY. That I sitended deceased for the deceased of importance were as follows:  22. Birthylace (as stated above, at . Q and the site of th		death occurredyrs,mos	syrsmosds.
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  S. SIX MEDICAL CERTIFICATE OF DEATH  1. SEX Malk	2. FULL NAME Some	Haby	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX	(a) Residence: No.	(I lovel place of shade)	
3. SEX Made 4. COLOR OR RACE OR DIVORCED (amps the word)  3. SI I married, widowed, or divorced HUSBAND (Month)  3. II married, widowed, or divorced HUSBAND (Month)  3. II married, widowed, or divorced HUSBAND (Month)  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (amps the word)  5. LATE OF DEATH M. (Month)  6. DATE OF BIRTH (month, day, and year)  7. AGE Years  6. DATE OF BIRTH (month, day, and year)  7. AGE Years  7. AGE Years  7. AGE Years  7. Months  8. Trade, profession, or particular kind of work done, as SPINNER, SOME SPINNER, SPINNER, SOME SPINNER, SELECTION (State or country)  8. Industry or business in which so crupation  10. BIRTHPLACE (city or fown)  (State or country)  11. Total time (years)  12. BIRTHPLACE (city or fown)  (State or country)  12. BIRTHPLACE (city or fown)  (State or country)  13. NAME ACCUMENTATION OF REMOVAL  14. BIRTHPLACE (city or fown)  (State or country)  15. MADIEN NAME  16. BIRTHPLACE (city or fown)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  19. OLD STATE OF DEATH  19. OLD STATE AND	PERSONAL AND STATIST		
55. If married, widowed, or divorced NUSBANO of ed., or divorced numbers of ed., or divorced on the date stated above, at. (1		5. SINGLE, MARRIED, WIDOWED, OR DAXORCED (write the word)	21. DATE OF DEATH HICH. 20 1935
6. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Deys  If LESS than I dayhrs.  ormin.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation fromth and year)  12. BIRTHPLACE (city or town)  (State or country)  What lest confirmed diegnosis?  Was there an autopsy?  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  What lest confirmed diegnosis?  Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  What lest confirmed diegnosis?  Was there an autopsy?  17. INFORMANT  (Address)  18. BURIAL, CREMETION, OR REMOVAL  Place  Place  Place  Party  Is as the was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Onto one injury  Nere did injury occur?  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Was disease or injury in any way related to occupation of deceased?  If so, specify	5a. If married, widowed, or divorced	- angle,	(Month) (Oay) (Year)
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TAGE Years Months Deys II LESS than I day	6. DATE OF BIRTH (month, day, and year)	tiel. 2.8.1935.	I last saw h in alive on mch 18, 1930; death is sain
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOUNKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town). Cistate or country)  13. NAME  14. BIRTYPLACE (city or town). Cistate or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town). Cistate or country)  17. INFORMANT  18. BURIAL, CREMETION, OR REMOVAL Place  18. BURIAL, CREMETION, OR REMOVAL Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. Late or country and State)  10. Late or country  10. Late or country  10. Late or country  11. Total time (years) spent in this occupation  12. Dither Contributory Causes of importance:  12. Dither Contributory Causes of importance:  13. Name of operation  14. What test confirmed diagnosis?  What test confi			
SWYER, BONKEFER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BONKEFER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME USELE FORMER ROLL  14. BIRTHYLACE (city or fown)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMETION, OR REMOVAL  Place  19. UNDERTAKER  (Address)			The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
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10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or fown)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMETION, OR REMOVAL  Place  (Address)  10. Date of (years)  spent in this occupation  Dther Contributery Causes of importance:  11. Total time (years)  spent in this occupation  Dther Contributery Causes of importance:  11. Total time (years)  spent in this occupation  Dther Contributery Causes of importance:  12. Difference:  Name of operation  Name of operation  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Oate of Injury  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of Injury  Nature of Injury  19. UNDERTAKER  (Address)  Output  10. Date  11. Total time (years)  spent in this occupation  Dther Contributery Causes of importance:  Name of operation  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Oate of Injury  Never did injury occur?  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  19. UNDERTAKER  (Address)  Oate of Injury  Nature of Injury In any way related to occupation of deceased?  If so, specify  If so, specify	9. Industry or business in which		
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15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMETION, OR REMOVAL  Place  Place  (Address)  (Address)  (Address)  (Address)  (Address)  19. UNDERTAKER  (Address)	2 14. BIRT MPLACE (city or fown)	aun C.	
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17. INFDRMANT Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMOTION, OR REMOVAL Place Signal Male Date Mick. 20,1935.  19. UNDERTAKER Sloale Frank State Frank Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify	- (State of country)	10 1	(Specify city or town, county and State)
18. BURIAL, CREMOTION, OR REMOVAL  Place  Place  Place  RD 1935,  Manner of Injury  Nature of Injury  19. UNDERTAKER  (Address)  Paralle  Paralle  18. BURIAL, CREMOTION, OR REMOVAL  Nature of Injury  Nature of Injury  Nature of Injury  If so, specify  If so, specify	71	Taly.	Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.
Place I Seal I Place Mcle: K 0,1933.  19. UNDERTAKER Seal I Paly  (Address) Parallel Seal I Paly  If so, specify  If so, specify		a Day	Manner of Injury
19. UNDERTAKER Slage: Paly 24. Was disease or injury In any way related to occupation of deceased?  [Address] Fig. 5, specify 15. 15. 15. 15. 15. 15. 15. 15. 15. 15.	Place Ingale gua	Date Mcke. 20,1935.	
130, seems 1 0 03: 1- 01		· Raly	24. Was disease or injury In any way related to occupation of deceased?
20. FILED/Mch. 20, 19 BD Mary Sund will (Signed) (Signed) (Address) Markett Md	2 / 2: 1/2	eary Sweetherland	(Signed) Gro. C. Bickwell 1 M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I		Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephra	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR R 1935	July 5,1927	Peritonitis	3 days ago
	PUREAU V-E-			
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

or- A-	l		S1	ATE C	F MAR	YLAND-	
infe sta UP.	1	L PLACE	OF DEAT	Н			
of Hoc		County Charles					
should		Village	or City	edia	r Nea	d	
		Length of	residence in city	or town where d	leath occurred	/ yrs // mos	
Every MANS Sment		2. FULL	NAME (	blass	, 13	Passels	
SIC ate			idence: No. a	lude	211/1	ead h	
HYS t st	_				(Usual place		
REC. PI Exact	-	SEX		OR RACE	CAL PARTI		
T E		F		W	OR DIVORCE	RIED, WIDOWED.  D (write the word)	
T L ed.	5a.	If married, w	idowed, or divorce		huar	n.	
MANEL ACT assified		(or) WIFE	of See	orge C	divaro	l Kison	
PERM EX ly cla ate.		DATE OF BIR	TH (month down	0.0	une 2	1-1878	
PE d E rly cate	-	AGE	TH (month, day, Years	Months	Deys	If LESS than	
IS A stated proper ertifica			56	90	1	1 day, hrs.	
70	NO	8. Trede, p	rofession, or par of work done, a	icular SPINNER	2	7	
<b>H</b>	ATIO		of work done, a YER, BOOKKEEP or business in		auser	nje	
Should it may n back	X	work	was done, as SI MILL, BANK, etc	LK MILL.	come		
E E + o	000	70. Date de this year	ceased lest work occupation (mont	h end	11. Total ti	me (years) nt in this 15 yes.	
AGE that ions	-		77-000	11	21	010	
d. d. , so	12.	(State or	E (city or town) country)	Haze	u, /ua	yland	
UNFADING supplied. AGI n terms, so tha ee instructions	ER	13. NAME	John	abe	am de	Ader	
5 4 5	ATHER	14. BIRTHPI	ACE (city or tow	n) Han	cock.	rangland	
F - 5 - 5	F.	(Sta	te or country)		0	1	
	MOTHER	15. MAIDEN	NAME A	ma	par	ner	
care TH in	MO		ACE (city or tow te or country)	n). Nam	evek, l	naryland	
be EA'			Ma.	Garal	21.	ilata	
PLA nould )F D	17.	INFORMANT (Address		wal	ene /h	htu)	
E S S	18.	BURIAL, CRE	MATION, OR RE	A CANON	mal	29 35	
SSS	2	A Proce	- I -		Date //	4,19	
TIO	19.	UNDERTAKE	AA	101 8	Lyon	Do 4 ()	
2	-	(Address	rou	200	15	The same of the sa	
Z	20.	FILED	, 19	11 9 1	Janso	Parine	

02892

	Registration D	ist. No. 10	6
No.  f death occurred in a hospital or institution  i — ds. How long In U.S. if of for			
e Kison			
St., - Ward.	If nonresident g	ive city or town and	1 State
MEDICAL CE			
21. DATE OF DEATH	rele (Month)	26 (Day)	, 193 5 (Year)
HEREBY  HEREBY  1 last saw h-L. alive on Mate to have occurred on the date stated e	34, 10 M	26, 1935	deceesed from , 19 3 5
The PRINCIPAL CAUSE OF DEATH were es follows:  As essential  August thyroid  August Lyroid	and related causes  Thyrics in the control of the c		Date of onset
Chebral her Other Contributory Canses of importa Pulversary I	- 4	losis	3/24/35
What test confirmed diagnosis?			
23. If death wes due to external cause: Accident, suicide, or homicide? Where did injury occur? Specify whether injury occurred in il	Da	ate of injury	, 19
Manner of injury			
24. Was disease or injury In any way If so, specify (Signed) Aarn (Address) Aarn	related to occupat	ion of deceased?  La L'a  Nead	no ven.o.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

B.—WRITE PLAINLY,

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(B)
County Charles	Registration Dist. No. 105
Village or City Comfret, Md.	No. St. Ward
	If death occurred in a hospital or institution, give its NAME justead of street and number) osds. How long In U.S. if of foreign birth?yrsmosds.
	Na a sa a
(a) Residence: No. Sombret M. A.	St. Ward.
(a) Residence: No. 12 omfs. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Mar. 17 (1985 (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	
6. DATE OF BIRTH (month, day, and year) Merch 17-1935	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,hrs ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	
9. Industry or husiness in which	Cause not Rnown
work was done, as SILK MILL, SAW MILL, BANK, etc	
Do ltb. Date deceased last worked at this occupation (month and year)	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Francis G. Thoodland	
13. NAME Francis G. Doodland  14. BIRTHPLACE (city or town) Pamfret, Md.	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Marian & Smoot	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Marian E. Smoot  16. BIRTHPLACE (city or town) Pomfred, Ma.  (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Soliza Miles (Address) Form by ed M. A	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Somfiel Date Mar , 1935	Nature of injury
19. UNDERTAKER Francis G. Doodland (Address) Jonified Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Mars. 17., 1935, Mra Jeremiale J. Mudd. Registrar.	(Signed) Mrs. Jeremiah J. Mudd (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	an Artist	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
APR 5 ARS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1.7

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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## STATE OF MARYLAND—CERTIFICATE OF DEATH

CARD, Every item of infor-	PHYSICIANS should state	ct statement of OCCUPA-	)	
HIS IS A PERMANENT RE	be stated EXACTLY.	be properly classified. Exa	of certificate.	
. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECERD, Every item of infor-	matifulshould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSH OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	
BWRITE PLAIN	mation should be	CAUSE OF DEA	TION IS very im	

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH		
County Charles	Registration Dist. No. 100	
Village or City Bel Colton (16	NoSt.,V death occurred in a hospital or institution, give its NAME instead of street and number)	Nard
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmos	ds
2. FULL NAME Ernest Spencer		
(a) Residence: Np. (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Maried	21. DATE OF DEATH  Man (Month)  (Day)  (Yea	r)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Laura Virginia Spencer	22. I HEREBY CERTIFY. That I ettended deceased \$146 20 1935, to march 12 2, 19	
6. DATE OF BIRTH (month, day, end year) august 25 1869	I last saw ham alive on hace et 12 1935; death is	s sale
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the data stated abova, et. 2:35.p.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importence ware as follows:	onset
8. Trade, profassion, or particular kind of work done, as SPINNER, Physician SAWYER, BDDKKEEPER, atc.  9. industry or business in which work was done, as SILK MILL, Yerreal Practice SAW MILL, BANK, etc.	Chronic my acarditis 193	12
10. Date deceased last worked at this occupation (month end Fele 35 spent in this year)  12. BIRTHPLACE (city or town) Baltimore (State or country)	Dther Contributory Causes of importance:	
13. NAME Jalin Skencer		
13. NAME Jalus Spencer  14. BIRTHPLACE (city or town) Leistersline (State or country) Fine David	Name of operation Date of	
15. MAIDEN NAME many Pake	What test confirmed diegnosis?	
15. MAIDEN NAME Mary Pope  16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland	23. If death wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	
17. INFORMANT Lama. V. Spencer (Address) Bel alter Manyland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Landen Party Centry Date Man 14, 1935	Menner of injury	
19. UNDERTAKER Wifehert (Addiess) Baltimed Wd.	24. Was disease or injury in eny way ralated to occupation of deceased?	
20. FILED March 18, 19.35 MS Hayder Skepitrar.	(Signad) Errest Spencer p. (Addrass) 4123 Fuelwick ang.	.м. г
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1. Balio., Ma	e.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUPPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	L SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

properly classified. Exact statement of OCCUPA-

FOF DEATH in plain terms, so that it may be

mati(n) CAUS

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## STATE OF MARYLAND-CERTIFICATE OF DEATH

18	13	12	11	b-	
0	1	1	13		
U	4		V	2/	

	1. PLACE OF DEATH	93:0
1	county Charles	Registration Dist. No.
	Village or City Rivolu [ 0	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
1		death occurred in a normal of manuacin, give in tradition instead of sireet and manuacity ds. How long in U.S. if of foreign birth?yrsmosds.
1	71) 2500	
V	2. FULL NAME John as Works (a) Residence: No. Ribbles Chase	Not - Ward.
	(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Mov. 75  (Month) (Day) (Yaar)
	5a. If married, widowed, or divorced HUSBAND of wary Plice Water	
	HUSBAND of con any stice was	22, I HEREBY CERTIFY, That I attended deceased from
te.	6. DATE OF BIRTH (month, day, and year) 7et. 20-1874	1 last saw h alive on
certificate.	7. AGE Years Months Days If LESS than I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
erti	O   Ormin,	were as follows: Date of onset
of c	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc	death and death one
back	Industry or business in which work was done, as SILK MILL, Rate of Mark was done, as SILK MILL,	
	SAW MILL, BANK, etc	enpoplary,
s on	this occupation (month and W Co at pett) spant in this occupation	
instructions	12, BIRTHPLACE (city or town) Chap Co	Other Contributor Causes of Importance:
ruct	(State or country)	
nsti	# 13. NAME alereous Walers	
See i	14. BIRTHPLACE (city or town) Chas Co	Name of operation Date of
Š	(otate of country)	What test confirmed diagnosis? Was there an au'opsy?
int.	15. MAIDEN NAME Sara frances Bray	23. if death was due to external causes (VIOL ENCE) fill in elso the following:
important.	15. MAIDEN NAME Sara frances Gray  16. BIRTHPLACE (city or town) Chas Co  (State or country)	Accidant, suicide, or homicide? Date of injury, 19
mp	(Stata or country)	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT CAMPA Rikey P.O. my	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
is very	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place St. Joseph To bita Mon 28, 19.25	Nature of injury
TION	19. UNDERTAKER Penny and Coter	24. Was diseasa or injury in any way related to occupation of deceased?
-	(Address) maken spring Tho-	If so, specify
T	20. FILED Man 26, 1935 A ellan Vyosig-	(Signed) Address Ra Plata Md-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUMPAH V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones '33'	May 1,1926	Gastroentcritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# ING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-KLY, WITH UNFADING INK-THIS IS A PERMANENT RE CAUSE OF DEATH in plain terms, so that it may be properly classified. mation should be carefully supplied.

certificate.

TION is very important. See instructions on back of

-WRITE PLA

7. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02896
1. PLACE OF DEATH	79
County Churky	Registration Dist. No.
Village or City 4 psile	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	death occurred in a hospital of manually, give its invalid integral of street and number)  ds. How long in U. S. If of foreign birth?
2. FULL NAME TO THE	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  3 - 3/- 193 5 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Saruh N in	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 3 - 30 -/878	I last saw h ative on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at/mm.
3°7   I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, ASAWYER, BOOKKEEPER, etc.	al arhalis Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (Stata or country)	Other Contributory Causes of Importance:
13, NAME alinanchi Mus	
13. NAME CHARACTER TO THE STATE OF THE STATE	Name of operation
	What tast confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Classification 15. BIRTHPLACE (city or town) (State or country)	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Sargh Nice	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. Many Const. Data 2 4 1 18 5	Manner of injury
19. UNDERTAKER Change Management (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3 - 0/- 1935 P. L. Thy L. Registrar.	(Signed) M. D. (Address) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

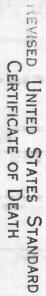
Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN

RECORD

WRITE

PLACE OF DEATH	STATE OF MARYLAND
County A har les	CERTIFICATE OF DEATH
24 8 012	Registration Dist. No.
Village or City / MANHAL (No,	St; Ward (If death occurred in a hospital or institu-
2 FULL NAME John Lineard	) Wolf tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  [Month]  (Day)  (Year)  17   HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	( au 25 1925, 10 Marel 28, 1935.
(Month) (Day), 1935	that I last saw h alive on Jan 25 1925.
7 AGE	and that death occurred on the date stated above, atm.
. 784 // Idayhrs.	The CAUSE OF DEATH & was as follows:
OCCUPATION — ds.kormin. ?	framus frames
(a) Trade, profession or Farming and particular kind of work	
(b) General nature of industry	Instantly
business, or establishment in which employed or (employer)	Contributory Assoluty yrs most de.
9 BIRTHPLACE (State or country) Chas Co. 7111	Secondary (Durstion)
10 NAME OF FATHER TIME TIME	(Signed) M.D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Beath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Chas (a) Fund	ients, or Recent Residents)  At place In the of death yrsmosda, State,yrsmosda,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE,	Where was disease contracted, if not at place of death?
(Informant) Journey Robus Walfr	Former or usual residence.
(Address) Hustrysville my	19 PLACE OF BURIAL OR REMOVAL   SATE OF BURIAL
15 3h f35 & DII	20 UNDERTAKER ADDRESS
Filed 7,20 120 192 Gran Chappeller Registrar	Elmer Farbor Mechanissville
If more blanks are needed, address State Registrar,	16 W. Saratoga St. Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of liness. If retired from or given up ou account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a cu at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive cugineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of (a) Foreman, (b) Automobile factory. The nunterial Civil engineer, Stationary firemen, etc. But in many Statement of Occupation-Precise statement of ocetc., For many occupations a single word or term on or At Home, and children, not galufully emwithout more precise specification as As examples: (a)

Statement of Cause of Death—Name, first, the present causing peath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopheumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the train-aecident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or taken. For VIOLENT DEATHS State MICANS OF INJURY State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inaultion." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Astheuia," "Anaemia" ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant ueoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid nge, peritonacum, etc., Carcinoma, Surcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men Polsoned by carbolic acid-probably sulcide. The navulsious," Whooping cough; Chronic valvulur heart disease; (secondary or intercurrent) affection need of the injury, as fracture of skull, and conse-"Deblity" ("Congcuital," "Senile," etc.), Example: Measles failure," "Haemorterminal (second-(disease (merely not be "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No.

PHYSI-

3

7 AGE

ENTS

PARI

6 DATE OF BIRTH

B OCCUPATION

(a) Trade, profession or particular kind of work

9 BIRTHPLACE (State or country)

> 10 NAME OF FATHER II BIRTHPLACE

> > OF FATHER

13 BIRTHPLACE OF MOTHER (State or country)

(State or country) 12 MAIDEN NAME

(b) General nature of industry

business, or establishment in which employed or (employer)

1	
PLACE OF DEATH	
County Sto Warles	***********
Village or Cityhead O. aka	, (Ne
<sup>2</sup> FULL NAME Cu	amo
PERSONAL AND STATIS	
3 SEX 4 COLOR OR RACI	S SINGL MARRI WIDOV OR DIV

(Month)

STATE OF	M	-	YLAN	
CERTIFICA	TE	OF	DEAT	ΓΙ
			11	

Registration Dist. No. / 0

02898

that I last saw he alive of the form, 19 n and that death occurred on the date stated above, at	ed in stitu E in and
(Month) (Day) (Ye  17 1 HEREBY CERTIFY, That 1 attended the deceased  movel 2 1923 to Made 11  that 1 last saw he alive Stated above, at 2  and that death occurred on the date stated above, at 2  The CAUSE OF DEATH * was as follows:  (Duration) The Cause of Death * Was as follows:  (Duration) The Cause of Death of De	
(Month) (Day) (Yes)  17 I HEREBY CERTIFY, That I attended the doceased more 2 1928 to Mark 1928	
(Month) (Day) (Ye  17 1 HEREBY CERTIFY, That I attended the doceased  Morel 2 1923 to Mark 11  that I last saw he alive Free 11  and that death occurred on the date stated above, at 2 19  s. The CAUSE OF DEATH * was as follows:  (Duration) The Cause of Death * was as follows:  (Duration) The Cause of Causing Death, and the Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, lients or Recent Residents)  At place of death yes mos ds.  Where was disease contracted, if not at place of death?  Former or	5-
that I last saw he alive Sheet above, at that I last saw he alive Sheet above, at that I last saw he alive Sheet above, at that I last saw he alive Sheet above, at that I last saw he alive Sheet above, at that I last saw he alive Sheet above, at that I last saw he alive Sheet above, at that I last saw he alive Sheet above, at that I last saw he alive Sheet above, at the l	
that I last saw he assive Africa and that death occurred on the date stated above, at the control of the contro	
and that death occurred on the date stated above, at	35
and that death occurred on the date stated above, at	2
(Duration)  (Contributory Secondary  (Contributory Secondary  (Duration)  (Signed)  (S	222
(Duration)  (Contributory Secondary  (Duration)  (Signed)  (Address)  (Address)  (Address)  (Duration)  (Signed)  (S	500m ***
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(Signed)	4
#\$\frac{3}{3}\frac{1}{8}  \text{192}  \text{(Address)}  \text{Charlette. Halls M} \\  \text{#\$\text{*} \text{Fatte the Disease Causing Death, er, in deaths from the content of Injury and (2) Wheth Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, in ients or Recent Residents)  At place of death  \text{Mospitals}  In the State	ds.
**State the Disease Causing Violent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitais, Institutions, lients or Recent Residents)  At place In the State yrs mos.  Where was disease contracted, if not at place of death?  Former or	M. D.
Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tients or Recent Residents)  At place of death	U
ients or Recent Residents)  At place of death yrs description des.  Where was disease contracted, if not at place of death?  Former or	m er
of death	rans
if not at place of death?	ds
	*******
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIA	L
Dregantown Ch 3/3/35, 11	
20 UNDERTAKER ADDRESS	m

E, ED, VED. ORCED the word) (Day) (Year) IfLESS the I day hr Registrar If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Address)

Filed\_

RTICULARS

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.. For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, should be used only when needed. As examples: (a) whatever write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, House en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil onlineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer ar Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on Farm laborer. (b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automabile factory. The material Luborer-Coal mine, etc. Wom-(b) Grocery;

Streement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL paritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all " Uraemia, "Debility" ("Congenital," "Seaile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis af lungs, men-Whooping cough; Chronic Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-"Weakness," etc., when a definite disease Chronic valvular heart disease etc. The contributory

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